

APPLICATION SPECIAL EXCEPTION

Special Exception for:					
	Date of application:				
DESCRIPTION OF PROPERTY Property location: (Street Number)			(Street Name)		
Existing Use of Pro	perty				
Current Building Square Footage					
Proposed Use					
Proposed Square I	ootage				
Proposed Hours of	Operation:				
Weekday	From	To			
Friday	From	To			
Saturday	From	To			
Sunday	From	To			
Trade Name of Bus	siness (If applicable)				

DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

810 Union Street, Room 508 Norfolk, Virginia 23510 Telephone (757) 664-4752 Fax (757) 441-1569

APPLICANT/ PROPERTY OWNER

1. Name of	applicant: (Last)	(First)	(MI)
Mailing addr	ress of applicant (Street/P.O. Bo	x):	
(City)	(State)	(Zip Code)	
Daytime tele	ephone number of applicant () Fax number ()
E-mail addre	ess of applicant:		
2. Name of	property owner: (Last)	(First)	(MI)
Mailing addr	ess of property owner (Street/P	.O. box):	
(City)	(State)	(Zip Code)	
Daytime tele	ephone number of owner () _	Fax number ()	
CIVIC LEAG	BUE INFORMATION		
Civic League	e contact:		
Date(s) cont	acted:		
Ward/Super	Ward information:		
✓ Check ✓ 2 8½ ○ ○	ATTACHMENTS: k for \$265.00 made payable to: x14 copies of a survey or site p Existing and proposed building Driveways Parking, Landscaping Property lines (*see attached e	lan drawn to scale showing: g structures	

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CERTIFICATION:

I hereby submit this complete application and certify the information contained herein is true and accurate to the best of my knowledge:

SIGNED:		
		/ /
Print	Sign	Date
(Property owner or authorized ag	ent signature)	
SIGNED:		
Print (Applicant signature)	Sign	Date